

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AD FLED		APPROPRIATE ACCOMMODATION		APPROPRIATE ACCOMMODATION								
	DID	DEP	DID	DEP	DID	DEP		DID	DEP	DID	DEP	DID	DEP
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
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12							62						
13							63						
14							64						
15							65						
16							66						
17	1	15					67						
18							68						
19							69						
20							70						
21	1						71						
22							72						
23	1						73						
24							74						
25							75						
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40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						